FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ONGANIZATION				
	(Se	ee instructions)		C	Office use only
NAME OF COMMITTEE (in			xample: If typying, type ver the lines	12FE4M5	
SHEET META	AL WORKERS INTERNAT	IONAL ASSOC	IATION LOCAL 28 PC	PLITICAL ACTIO	N
		1111	<u> </u>	<u> </u>	
ADDRESS (number and	d street) 500 GREEN	IWICH STREET	 		
(Check if add	dress				
is changed)	NEW YORK	.	لتتتتي	NY L	10013
COMMITTEE'S E-M/	All ADDDESS	CITY	•	STATE	ZIP CODE 📥
	al28union.com				1
COMMITTEE'S WEE	B PAGE ADDRESS (URL)				
		11111			
2. DATE OMMITTEE'S FAX	M / D D / Y Y Y	0 6 °			
3. FEC IDENTIFIC	ATION NUMBER	CC	00169490		
4. IS THIS STATE	MENT NEW (N)	OR	X AMENDED (A)		
I certify that I have exam	nined this Statement and to the b	est of my knowledge	and belief it is true, correct a	and complete	
	EDWA	RD D. WILTON			
Type or Print Name o	f TreasurerEDWAR	ND D. WILTON			
Signature of Treasure	er Electronically Filed by	EDWARD D. WI	LTON	Date 07	20 / 2006
NOTE: Submission of f	alse, erroneous, or incomplete int	•	ot the person signing this Sta	•	s of 2 U.S.C. S437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	didate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		ocratic, blican,etc.) Party. or party
6. 	Name of Any Connected Organization or Affiliated Committee SHEET METAL WORKERS INTERNATIONAL ASSOC LOCAL UNION NO 28	
	Mailing Address 500 GREENWICH ST	
	NEW YORK 1001	3 _
	CITY STATE ZII	P CODE A
	Relationship CONNECTED ORGANIZATI	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock X Labor Organization	
	Membership Organization Trade Association Cooperative	

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Write or Type Committee Name

SHEET MET	AL WORKERS	S INTERNATIONAL ASSOCIATIO	N LOCAL 28 POLITICAL ACTION	ON COMMITTEE			
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name	Full Name						
Mailing Address	<u> </u>	500 GREENWICH STREET					
	-	NEW YORK	NY	10013 _			
Title or Position	∀	CITY A	STATE▲	ZIP CODE A			
	COMPTROLI	LER	Telephone number				
	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
Full Name of Treasurer EDWARD D. WILTON							
Mailing Address 500 GREENWICH STRE			REET				
	_	NEW YORK	NY	10013 _			
Title or Position	V	CITY A	STATE▲	ZIP CODE A			
	TREASURER	<u> </u>	Telephone number 212	941 7700			
Full Name of Designated Agent							
Mailing Address	_						
	_						
Title or Position	v	CITY A	STATE ▲	ZIP CODE A			
			Telephone number				

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9.	Banks or Other Depos safety deposit boxes or Name of Bank, Deposit	maintains funds.	unts, rents
		CITIBANK	
	Mailing Address	108 HUDSON STREET	
		NEW YORK NY 10	013 -
		CITY A STATE A Z	IP CODE △

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Banks or Other Depositories: safety deposit boxes or maintair Name of Bank, Depository, etc.	ns funds.	other depositories in which the commit		ccounts, rents
1				
Mailing Address				
		CITY 🛆	STATE △	ZIP CODE △
Name of Any Connected Org	ranization or Affiliate	od Committee		
Name of Any Connected Org	janization of Anniate	ed Committee	[A	DDITIONAL]
SHEET METAL WORKER	S INTERNATIONA	AL ASSOCIATION LOCAL 28 P	OLITICAL ACTION C	OMMITTEE
	- 500 ODEENMA			
Mailing Address	500 GREENWIC	CH SIREEI		
	NEW YORK		NY	10013 _ _
			•	
		CITYA	STATE A	ZIP CODE A
Relationship AFFILIA	ATED COMMITTEE	E		
Type of Connected Organization	on:			
Corporation		Corporation w/o Capital Stock	X Labor Organ	ization
Membership Organiza	ation	Trade Association	Cooperative	

Designated Agent		[ADDITIONAL]
Full Name LILILI Mailing Address L		
Title or Position ♥	CITY A	
		elephone number